Guideline: Psychological Testing

Effective Date: August 27, 2022

Last Review Date: May 10, 2022

Criteria for Authorization
The purpose of psychological testing includes, but is not limited to: assisting with diagnosis and management following clinical evaluation when a mental illness or psychological abnormality is suspected; providing a differential diagnosis from a range of neurological/ psychological disorders that present with similar constellations of symptoms, e.g., differentiation between pseudodementia and depression; determining the clinical and functional significance of a brain abnormality; or delineating the specific cognitive basis of functional complaints.

Prior to psychological testing, the individual must be assessed by a qualified behavioral healthcare provider. The diagnostic interview determines the need for and extent of the psychological testing. Testing may be completed at the onset of treatment to assist with necessary differential diagnosis issues and/or to help resolve specific treatment planning questions. It also may occur later in treatment if the individual's condition has not progressed since the institution of the initial treatment plan and there is no clear explanation for the lack of improvement.

I. Severity of Need

Criteria A, B, and C must be met:

A. The reason for testing must be based on a specific referral question or questions from the treating provider and related directly to the psychiatric or psychological treatment of the individual.

B. The specific referral question(s) cannot be answered adequately by means of clinical interview and/or behavioral observations.

C. The testing results based on the referral question(s) must be reasonably anticipated to provide information that will effectively guide the course of appropriate treatment.

II. Intensity and Quality of Care

Criteria A and B must be met:

A. A licensed doctoral-level psychologist (Ph.D., Psy.D. or Ed.D.), medical psychologist (M.P.), or other qualified provider as permitted by applicable state and/or federal law, who is credentialed by and contracted with Magellan, administers the tests.

B. The requested tests must be standardized, valid and reliable in order to answer the specific clinical question for the specific population under consideration. The most recent version of

the test must be used, except as outlined in *Standards for Educational and Psychological Testing.*

III. Exclusion Criteria

Psychological testing will not be authorized under any of the following conditions:

A. The patient is not neurologically and cognitively able to participate in a meaningful way in the testing process.

B. The test is used solely as a screening tool given to the individual or to general populations.

C. Administered for educational or vocational purposes that do not establish medical management.

D. Performed when abnormalities of brain function are not suspected.

E. Used for self-administered or self-scored inventories, or screening tests of cognitive function (whether paper-and-pencil or computerized), e.g., AIMS or Folstein Mini-Mental Status Examination.

F. Repeated when not required for medical decision-making (i.e., making a diagnosis or deciding whether to start or continue a particular rehabilitative or pharmacologic therapy).

G. Administered when the patient has a substance abuse background and any of the following apply:

1) The patient has ongoing substance abuse and/or is going through withdrawal such that test results would be inaccurate, or

2) The patient is currently intoxicated.

H. The patient has been diagnosed previously with brain dysfunction such as Alzheimer's disease, and there is no expectation that the testing would impact the patient's medical management.

I. Unless allowed by the individual's benefit plan, the testing is primarily for the purpose of determining if an individual is a candidate for a medical or surgical procedure.

J. The testing is primarily for diagnosing attention-deficit hyperactivity disorder (ADHD), unless the diagnostic interview, clinical observations, and results of appropriate behavioral rating scales are inconclusive.

K. The testing is primarily for legal purposes, including custody evaluations, parenting assessments, or other court or government ordered or requested testing.

L. The requested tests are experimental, antiquated, or not validated.

M. The testing request is made prior to the completion of a diagnostic interview by a behavioral health provider, unless pre-approved by Magellan.

N. More than eight hours per patient per evaluation is considered excessive and supporting documentation in the medical record must be present to justify greater than eight hours per patient per evaluation.

O. Two or more tests are requested that measure the same functional domain.

P. The number of hours requested for the administration, scoring, interpretation and reporting exceeds the generally accepted standard for the specific testing instrument(s), unless justified by particular testing circumstances.

Q. Testing to determine if an individual is a candidate for a specific medication or dosage is an excluded benefit.

R. The use of structured interview tools or interviews that do not have psychometric properties or normative comparisons is not a covered benefit.

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Guideline: Neuropsychological Testing

Effective Date: August 27, 2022

Last Review Date: May 10, 2022

Criteria for Authorization
Neuropsychological tests are evaluations designed to determine the functional consequences of known or suspected brain dysfunction through testing of the neuro-cognitive domains responsible for language, perception, memory, learning, problem solving, adaptation, and constructional praxis.

These evaluations are requested for patients with a history of psychological, neurologic or medical disorders known to impact cognitive or neurobehavioral functioning. The evaluations include a history of medical or neurological disorders compromising cognitive or behavioral functioning; congenital, genetic, or metabolic disorders known to be associated with impairments in cognitive or brain development; reported impairments in cognitive functioning; and evaluations of cognitive function as a part of the standard of care for treatment selection and treatment outcome evaluations.

In addition, the evaluation includes a formal interview, a review of medical, educational, and vocational records, interviews with significant others, and a battery of standardized neuropsychological assessments. The testing quantifies a patient's higher cortical functioning and may include various aspects of attention, memory, speed of information processing, language, visual-spatial ability, sensory processing, motor ability, higher-order executive functioning, and intelligence. The goal of neuropsychological testing may be clarification of diagnosis, determination of the clinical and functional significance of a brain abnormality, or development of recommendations regarding neurological rehabilitation planning, but is always for the purpose of shaping treatment.

Neuropsychological testing should be considered for coverage through the patient's **mental health** benefit when:

- The referring practitioner is a psychiatrist, neuropsychologist, psychologist, or other behavioral health clinician.
- The primary diagnosis is psychiatric, even though medical problems are involved; the purpose of testing is to clarify whether it is a psychiatric diagnosis (e.g., dementia versus pseudo-dementia; head injury versus anxiety/depression; organic mood versus mood disorder not otherwise specified; or organic delusion versus schizophrenia).

Neuropsychological testing should be considered for coverage through the patient's **medical benefit** when:

- The referring practitioner is a neurologist, primary care physician, surgeon, or pain specialist.

- The primary diagnosis is medical (e.g., multiple sclerosis, head injury, tumors, Alzheimer's disease or stroke).

I. Severity of Need

Criteria A *and* B, **and** *one* of C-O must be met:

A. The reason for testing must be based on a specific referral question and this specific referral question(s) cannot be answered adequately by means of clinical interview and/or behavioral observations.

B. The testing results based on the referral question(s) are reasonably expected to provide information that will effectively guide the course of treatment.

C. When there are mild or questionable deficits on standard mental status testing or clinical interview, and a neuropsychological assessment is needed to establish the presence of abnormalities or distinguish them from changes that may occur with normal aging, or the expected progression of other disease processes; or

D. When neuropsychological data can be combined with clinical, laboratory, and neuroimaging data to assist in establishing a clinical diagnosis in neurological or systemic conditions known to affect CNS functioning; or

E. When there is a need to quantify cognitive or behavioral deficits related to CNS impairment, especially when the information will be useful in determining a prognosis or informing treatment planning by determining the rate of disease progression; or

F. When there is a need for a pre-surgical or treatment-related cognitive evaluation to determine whether one might safely proceed with a medical or surgical procedure that may affect brain function (e.g., deep brain stimulation, resection of brain tumors or arteriovenous malformations, epilepsy surgery or stem cell transplant) or significantly alter a patient's functional status; or

G. When there is a need to assess the potential impact of adverse effects of therapeutic substances that may cause cognitive impairment (e.g., radiation, chemotherapy, antiepileptic medications), especially when this information is utilized to determine treatment planning; or

H. When there is a need to monitor progression, recovery, and response to changing treatments, in patients with CNS disorders, in order to establish the most effective plan of care; or

I. When there is a need for objective measurement of the patient's subjective complaints about memory, attention, or other cognitive dysfunction, which serves to determine treatment by differentiating psychogenic from neurogenic syndromes (e.g., dementia vs. depression); or

J. When there is a need to establish a treatment plan by determining functional abilities/impairments in individuals with known or suspected CNS disorders; or

K. When there is a need to determine whether a patient can comprehend and participate effectively in complex treatment regimens (e.g., surgeries to modify facial appearance, hearing, or tongue debulking in craniofacial or Down syndrome patients; transplant or bariatric surgeries in patients with diminished capacity), and to determine functional capacity for healthcare decision-making, work, independent living, managing financial affairs, etc.; or

L. When there is a need to design, administer, and/or monitor outcomes of cognitive rehabilitation procedures, such as compensatory memory training for brain-injured patients; or

M. When there is a need to establish treatment planning through identification and assessment of the neurocognitive sequelae of systemic disease (e.g., hepatic encephalopathy or anoxic/hypoxic injury associated with cardiac procedures); or

N. When there is a need for assessment of neurocognitive functions for the formulation of rehabilitation and/or management strategies among individuals with neuropsychiatric disorders; or

O. When there is a need to diagnose cognitive or functional deficits in children and adolescents based on an inability to develop expected knowledge, skills or abilities as required to adapt to new or changing cognitive, social, emotional, or physical demands.

II. Intensity and Quality of Care

Criteria A and B must be met:

A. Tests are administered directly by either an appropriate state-licensed provider or by a trained technician. The technician who administers the neuropsychological test must be directly supervised by the provider.

B. Requested tests must be standardized, valid and reliable in order to answer the specific clinical question for the specific population under consideration. The most recent version of the test must be used.

Neuropsychological tests include direct question-and-answer; object manipulation; inspection and responses to pictures or patterns; or paper-and-pencil written or multiple-choice tests that measure functional impairment and abilities in:

1. General intellect
2. Reasoning, sequencing, problem-solving, and executive function
3. Attention and concentration
4. Learning and memory
5. Language and communication
6. Visual-spatial cognition and visual-motor praxis
7. Motor and sensory function
8. Mood, conduct, personality, quality of life
9. Adaptive behavior (activities of daily living)
10. Social-emotional awareness and responsivity
11. Psychopathology (e.g., psychotic thinking or somatization)
12. Motivation and effort (e.g., symptom validity testing).

III. Exclusion Criteria

Neuropsychological testing will not be authorized under the following conditions:

A. The patient is not neurologically and cognitively able to participate in a meaningful way in the testing process.

B. The test is used solely as a screening tool given to the individual or to general populations.

C. Administered for educational or vocational purposes that do not establish medical management.

D. Performed when abnormalities of brain function are not suspected.

E. Used for self-administered or self-scored inventories, or screening tests of cognitive function (whether paper-and-pencil or computerized), e.g., AIMS or Folstein Mini-Mental Status Examination.

F. Repeated when not required for medical decision-making (i.e., making a diagnosis or deciding whether to start or continue a particular rehabilitative or pharmacologic therapy).

G. Administered when the patient has a substance abuse background and any of the following apply:

   1) The patient has ongoing substance abuse such that test results would be inaccurate, or

   2) The patient is currently intoxicated.

H. The patient has been diagnosed previously with brain dysfunction such as Alzheimer's disease, and there is no expectation that the testing would impact the patient's medical management.

I. Unless allowed by the individual's benefit plan, the testing is primarily for the purpose of determining if an individual is a candidate for a medical or surgical procedure.

J. The testing is primarily for diagnosing attention-deficit hyperactivity disorder (ADHD), unless the diagnostic interview, clinical observations, and results of appropriate behavioral rating scales are inconclusive.

K. The testing is primarily for legal purposes, including custody evaluations, parenting assessments, or other court or government ordered or requested testing.

L. The requested tests are experimental, antiquated, or not validated.

M. The testing request is made prior to the completion of a diagnostic interview by a behavioral health provider, unless pre-approved by Magellan.

N. More than eight hours per patient per evaluation is considered excessive and supporting documentation in the medical record must be present to justify greater than eight hours per patient per evaluation.

O. Two or more tests are requested that measure the same functional domain.

P. The number of hours requested for the administration, scoring, interpretation and reporting exceeds the generally accepted standard for the specific testing instrument(s), unless justified by particular testing circumstances.

Q. Testing to determine if an individual is a candidate for a specific medication or dosage is an excluded benefit.

R. The use of structured interview tools or interviews that do not have psychometric properties or normative comparisons is not a covered benefit.

IV. Standardized Cognitive Testing

A. Cognitive testing is considered a type of neuropsychological testing.

B. Cognitive testing is authorized in compliance with CMS coding rules:

1. Billing is limited to two hours on the same date of service.

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